## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10127533

		· 21			NTITY	20	OTHER THAN OR SMALL ENTITY						
TO	OTAL CLAIMS		(Column 1)		(Column 2)		TYPE			OR 1	<del></del>		
· · · · · · · · · · · · · · · · · · ·			19						FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			\ <u>\</u> \ <u>\</u> minus 20=		*		X\$	9=		OR	X\$18=		
_	DEPENDENT CI		<b>√</b> √ minus 3 =		" )		X4	3=	43	OR	X.86=		
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT				+14	15=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	"0" in column 2		TAL	128	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
	<del>,</del>	(Column 1)	<del></del>	(Colum		(Column 3)	SM	ALL	ENTITY	OR	SMALLE	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	* ENTATION OF MU	Minus	***	CL AINA	=	X4:	3=		OR	X86=		
	FINO   FRESE	.NTATION OF IVIC	JETIPLE DEF	ENDENT	CLAIIVI		+14	5=		OR	+290=		
•								DTAL		_ '	TOTAL ADDIT. FEE	4	
		(Column 1)		(Colum	าก 2)	(Column 3)	ADDIT.	FEL			ADDIT. I ELE		
m		CLAIMS REMAINING		HIGHE	EST				ADDI-			ADDI-	
AMENDMENT B		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RAT	re	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ :	9=		OR	X\$18=		
	Independent	ndent * / Minus ***  PRESENTATION OF MULTIPLE DEPENDENT		O: 2124	=	X43	3=		OR	X86=			
	FIRST PRESE	NIATION OF MO	LIPLE DEP	ENDENT	CLAIM		+14	5=		OR	+290=		
								DTAL			TOTAL	•	
		(Column 1)	ADDIT.	FCC &		,	ADDIT. FEE <b>L</b>						
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO	ST SER USLY	PRESENT EXTRA	RAT	-E.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**.		=	X\$ 9	<b>∋</b> =		OR	X\$18=		
	Independent				=	X43	=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE										OR	+290=		
** 1	THE CHUY HI COILL	illi i is icss tilali til	e entry in colui.	TITI Z. WITE	O HI COIL						TOTAL		